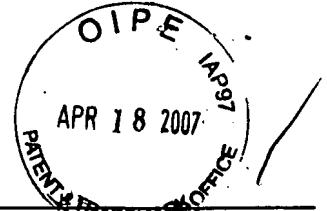


**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop SUE FEE**  
**Commissioner for Patents**  
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466 7590 01/24/2007

**YOUNG & THOMPSON**  
**745 SOUTH 23RD STREET**  
**2ND FLOOR**  
**ARLINGTON, VA 22202**

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(Depositor's name)  
(Signature)  
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/611,984	07/03/2003	Willem Johannes Van Straaten	6502-1023	4178

TITLE OF INVENTION: EXERCISE MACHINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/24/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS		04/19/2007 DEHMANU2 00000003 10611984		
HWANG, VICTOR KENNY	3764	482-112000		01 FC:2501 02 FC:1504	700.00 OP 300.00 OP	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>YOUNG &amp; THOMPSON</u> 2 _____ 3 _____				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Greenhouse International LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Elkton, Maryland USA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
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A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 25-0120 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

(if necessary)

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Authorized Signature

Benoit Castel

Date April 18, 2007

Typed or printed name

Benoit CASTEL #35,041

Registration No. #35,041

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